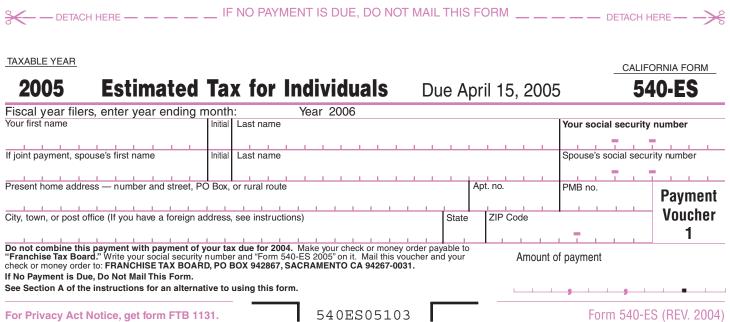
540-ES Voucher 1 at bottom of page



TAXABLE YEAR

CALIFORNIA FORM

2005	Estimated	Tax	for	Individuals	Due June 15	5, 2005	540-ES
Fiscal year file Your first name	rs, enter year ending r		_ast name	Year 2006		Your so	ocial security number
If joint payment, sp	ouse's first name	Initial L	ast name			Spouse	's social security number
Present home addr	ress — number and street, P	O Box, or	r rural rout	е	Apt. no.	PMB no	Payment
City, town, or post of	office (If you have a foreign a	ddress, s	ee instruc	tions)	State ZIP C	Code	Voucher 2
"Franchise Tax Boa check or money orde If No Payment is Do	is payment with payment of ard." Write your social security er to: FRANCHISE TAX BOAR ue, Do Not Mail This Form. ne instructions for an alterna	number a	and "Form X 942867	540-ES 2005" on it. Mail this , SACRAMENTO CA 94267-0	voucher and vour	Amount of payme	_
For Privacy Act	Notice, get form FTB 11	31.		540ES051	03	F	orm 540-ES (REV. 2004)
TAXABLE YEAR	CH HERE — — — —	IF I	NO PAY	MENT IS DUE, DO N	OT MAIL THIS FORM		— DETACH HERE — ———————————————————————————————
2005	Estimated	Tax	for	Individuals	Due Sept. 1	5, 2005	540-ES
Fiscal year file Your first name	rs, enter year ending r		₋ast name	Year 2006		Your so	ocial security number
If joint payment, sp	ouse's first name	Initial L	ast name			Spouse	's social security number
Present home addr	ress — number and street, P	O Box, or	r rural rout	e	Apt. no.	PMB no	Payment
City, town, or post of	office (If you have a foreign a	ddress, s	ee instruc	tions)	State ZIP C	Code	Voucher
"Franchise Tax Boa check or money orde If No Payment is Do	is payment with payment of ard." Write your social security er to: FRANCHISE TAX BOAF ue, Do Not Mail This Form. ne instructions for an alterna	number a	and "Form X 942867	540-ES 2005" on it. Mail this , SACRAMENTO CA 94267-0	voucher and vour	Amount of payme	, , 3 nt
For Privacy Act	Notice, get form FTB 11	31.		540ES051	03	F	orm 540-ES (REV. 2004)
— DETAC	CH HERE — — — —	IF I	NO PAY	MENT IS DUE, DO N	OT MAIL THIS FORM		— DETACH HERE — ———————————————————————————————
TAXABLE YEAR		_	_				CALIFORNIA FORM
2005			for	Individuals	Due Jan. 17	7, 2006	540-ES
Fiscal year file Your first name	rs, enter year ending r		_ast name	Year 2006		Your so	ocial security number
If joint payment, sp	oouse's first name	Initial I	_ast name			Spouse	's social security number
Present home addr	ress — number and street, P	O Box, o	r rural rout	te	Apt. no.	PMB no	Payment
City, town, or post of	office (If you have a foreign a	ddress, s	ee instruc	tions)	State ZIP C	Code	Voucher
"Franchise Tax Boa check or money orde If No Payment is Do	is payment with payment of ard." Write your social security er to: FRANCHISE TAX BOAR ue, Do Not Mail This Form. ne instructions for an alterna	number a	and "Form X 942867	540-ES 2005" on it. Mail this , SACRAMENTO CA 94267-0	voucher and your	Amount of payme	-